

requiring endovascular intervention, and limb loss in 1 critically ischaemic patient. There were 2 deaths within this period, 1 from MRSA sepsis from a pre-existing ulcer, and the other from a lower respiratory tract infection. Symptom recurrence over long-term follow-up occurred in 10 patients (13.3%).

**Conclusions:** Isolated CFA endarterectomy is a robust and efficacious treatment for CFA atherosclerotic disease. The exclusive use of bovine pericardium for patch angioplasty is safe and not associated with surgical site infections.

#### 0461: LOWER LIMB AMPUTATION: STRIVING FOR QUALITY AT THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL

Ryckie G. Wade, Richard W. Howell, Robert E. Brightwell, Jim M.F. Clarke. *Department of Vascular Surgery, Norfolk and Norwich University Hospital NHS Foundation Trust, Norwich, Norfolk, UK.*

**Aim:** The VSGBI Quality Improvement Framework (QIF) for Major Amputation Surgery (MAS) has the primary aim of reducing the mortality rate of MAS to less than 5% by 2015. This audit assessed adherence to the standards in this QIF at the Norfolk and Norwich University Hospital (NNUH).

**Method:** A prospective database of amputations undertaken at the NNUH was retrospectively audited for a 6 month period (January–June 2012) against 22 of the domains listed in the QIF.

**Results:** 19 of the 22 targets audited were fully met by the NNUH Vascular Unit. The 30-day mortality rate was 4.5%. The most senior surgeon scrubbed was a Consultant for 59% and Vascular Registrar for 41%. Operations were performed on a normal working day in 82% of cases. Peri-operative antibiotics were given to 36% of patients by the anaesthetist. Mean time to amputation was 10.3 hours (SD=26.6) but 41% waited more than 48 hours.

**Conclusions:** The NNUH already offers MAS with excellent outcomes. The following improvements have been made: Patients have prophylactic antibiotics prescribed at the time amputation is agreed upon. Operations approaching a delay of 48 hours are prioritised on an emergency list or transferred to the next elective vascular list.

#### 0475: THE CORRELATION BETWEEN LOWER LIMB ISCHAEMIA, BALANCE, PHYSICAL FUNCTIONAL ABILITY AND QUALITY OF LIFE

Risha Gohil<sup>1</sup>, Katherine Mockford<sup>1</sup>, Fayyaz Mazari<sup>1</sup>, Natalie Vanicek<sup>2</sup>, Ian Chetter<sup>1</sup>, Patrick Coughlin<sup>1</sup>. <sup>1</sup>*Academic Vascular Unit, Hull, UK;* <sup>2</sup>*Discipline of Sports and Exercise Science, Sydney, Australia.*

**Introduction:** Worsening claudication affects walking distance, quality of life (QoL), physical functional ability and balance. These are not routinely measured in clinical practice due to time and cost. This study aimed to identify whether the use of markers of lower limb ischaemia (LLI) could be used as surrogate markers for these other measures, to allow a holistic assessment.

**Methods:** This prospective observational study recruited patients with intermittent claudication and assessed their;

a. markers of LLI: pre and post exercise ABPI, walking ability with a constant load treadmill test.

b. Physical Functional ability: summary performance physical battery score (SPPB), TUG test, chair stand time and hand grip strength.

c. Balance, measured objectively using the sensory organisation test (SOT); a test of six components that assesses postural sway and is associated with the likelihood of future falls.

**Results:** A mild to moderate significant correlation was present between treadmill walking distances and physical functional ability ( $r=.248$  to  $.514$ ,  $p<.001$  to  $p=.005$ ), QoL ( $r=.193$  to  $.442$ ,  $p<.001$  to  $.019$ ) and some components of the SOT ( $r=.165$  to  $.173$ ,  $p=.00$  to  $.036$ ).

**Discussion:** Measures of LLI should not be used as a surrogate marker for physical functional ability, QoL and balance. A separate assessment of these should be undertaken.

#### 0476: FEAR OF FALLING IN CLAUDICANTS AND ITS RELATIONSHIP TO PHYSICAL ABILITY, BALANCE AND QUALITY OF LIFE

Risha Gohil<sup>1</sup>, Katherine Mockford<sup>1</sup>, Fayyaz Mazari<sup>1</sup>, Natalie Vanicek<sup>2</sup>, Ian Chetter<sup>1</sup>, Patrick Coughlin<sup>1</sup>. <sup>1</sup>*Academic Vascular Department, Hull, UK;* <sup>2</sup>*Department of Sports and Exercise Science, Sydney, Australia.*

**Objectives:** Intermittent claudication is associated with poor physical function, quality of life (QoL) and balance impairment. Fear of falling (FoF)

is a recognised contributing factor to poor physical ability. Any link between claudication and FoF is yet to be determined. This study aimed to explore the prevalence of FoF in claudicants, its relationship with physical function and QoL.

**Methods:** A prospective observational study was performed. FoF was determined using the ABC questionnaire and the categorical question "are you afraid of falling?" Physical ability and QoL (SF36, VascuQoL) were determined.

**Results:** 161 claudicants (118 men, median age of 69 years) were assessed, 83 answered the categorical question "Are you afraid of falling?" By ROC curve analysis, an ABC threshold  $<74\%$  denoted a FoF, which was associated with poorer physical function and QoL.

**Conclusion:** FoF is associated with poor physical, social and psychological function, addressing this may improve all aspects of health.

#### 0479: DRIVING ADVICE GIVEN BY VASCULAR SURGEONS: A SURVEY OF VASCULAR SOCIETY MEMBERS

Poonam Jani<sup>1</sup>, Risha Gohil<sup>2</sup>, Dave Russell<sup>3</sup>, Brian Johnson<sup>4</sup>. <sup>1</sup>*Hull York Medical School, Hull, UK;* <sup>2</sup>*Academic Vascular Unit, Hull, UK;* <sup>3</sup>*Leeds General Infirmary, Leeds, UK;* <sup>4</sup>*Hull Royal Infirmary, Hull, UK.*

**Objectives:** It is a legal requirement of doctors to assess all patients' fitness to drive based on DVLA guidelines. We re-audited the current advice given to patients by members of the Vascular Society (VS) and compared this to 2012 DVLA guidance as well as previous results from the 2007 audit.

**Methods:** An online survey was performed of UK resident members of the VS. This covered a spectrum of scenarios commonly seen in vascular surgical practice. Options were provided in line with DVLA guidelines for domestic driving.

**Results:** The Re-Audit identified similar results to the 2007 responses for claudication; correct advice provided for 96.5% (previously 98.3%) and for single TIAs a similar proportion (42.8% versus 40.3%) were inappropriately stopped from driving.

Advice had improved for those with;

1. Multiple TIAs, 12.2 % (versus 27.0%) were allowed to drive inappropriately,

2. 6.5cm AAA, 41.3% (versus 74.6%) were allowed to drive inappropriately

3. A peri-operative MI, 44% (versus 19.9%) was correct.

The rate of incorrect advice to stop driving doubled for those with a 5.5cm AAA from 6.6% (2007) to 12.6% (2012).

**Conclusions:** DVLA guidance for vascular conditions has remained consistent over the past five years however advice from surgeons remains imprecise.

#### 0484: THE UK ENDOVASCULAR TRAINEES (UKETS): A NOVEL ENDOVASCULAR TRAINING COLLABORATION

Craig Nesbitt, Sebastian Mafeld, James McCaslin, Katherine Nelson. *Freeman Hospital, Newcastle Upon Tyne, UK.*

**Aim:** To establish a training group focused on basic endovascular skills for cardiologists, radiologists and vascular surgeons.

**Methods:** UKETS ([www.ukets.org](http://www.ukets.org)) is a brand new training group established by trainees for trainees. We have no company affiliations. We offer basic hands on, expert led, VR simulation training. Our mantra is "safe access, safe navigation, safe closure", our courses focus on these three key principles. Our pilot course ran in August 2012 with kind support from ASiT.

**Results:** 35 candidates attended the pilot event. Feedback was obtained through online retrospective questionnaires. Prior to the event approx  $\frac{3}{4}$  of trainees had never trained on a simulator. By the end of the course 100% either agreed or strongly agreed that simulation was a useful tool in achieving the course objectives. 85% either agreed or strongly agreed that cross speciality training was useful. Our faculty unanimously agreed that the course represented a valuable and unique training opportunity.

**Conclusion:** UKETS promote an environment where trainees can learn and share ideas whilst enhancing patient safety; practicing basic endovascular skills that are important no matter what your chosen speciality. This is the first group of its kind established in Europe.